

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A</b> For the 2008 calendar year, or tax year beginning Oct 01, 2008, and ending Sep 30, 2009	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization, number and street, city, town, state, and ZIP code Cancer Center for Detection and Prevention Inc 615 Baronne St Suite 301 New Orleans LA 70113
<b>D</b> Employer identification number 94-3065923	<b>E</b> Telephone number 504-529-3258
<b>F</b> Name and address of principal officer Annis Tarver PhD 615 Baronne St New Orleans LA 70113	<b>G</b> Gross receipts \$ 61700752.
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>H(b)</b> Are all affiliates included? If "No", attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no) 4947(a)(1) or 527	
<b>J</b> Website: www.tccdp.org	
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation 1987 <b>M</b> State of legal domicile DE

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities To save and improve lives through detection, prevention and relief from cancer and disease	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	4
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4
	<b>5</b> Total number of employees (Part V, line 2a)	5
	<b>6</b> Total number of volunteers (estimate if necessary)	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 38897881. Current Year 61615675.
	<b>9</b> Program service revenue (Part VIII, line 2g)	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	239. 2568.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 8, 9c, 10c, and 11e)	24013. 82509.
	<b>12</b> Total revenue - Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38922133. 61700752.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27698485. 46717008.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	235439. 314909.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	8559234. 10481321.
	<b>b</b> Total fundraising expenses, (Part IX, column (D), line 25)	11213914.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1952902. 3670895.
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	38446060. 61184133.
<b>19</b> Revenue less expenses Subtract line 18 from line 12	476073. 516619.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year 1685090. End of Year 2173332.
	<b>21</b> Total liabilities (Part X, line 26)	85246. 56869.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1599844. 2116463.

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Signature of officer <i>Annis D. Tarver</i>		Date 5/6/2010	
	Type or print name and title Annis D Tarver PhD President			
Paid Preparer's Use Only	Preparer's signature <i>Cecil J Cavanaugh</i>	Date 5/3/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Cecil J Cavanaugh MBA CPA 10165 Gran Baton Rouge LA 70815-	EIN	Phone no 225-924-3741	

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

914-17

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**Part III Statement of Program Service Accomplishments** (See instructions)**1** Briefly describe the organization's mission

To support and provide cancer and disease focused detection,  
prevention, relief, research and education

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 12644630. including grants of \$ 12381223. ) (Revenue \$ )

Breast Cancer Relief Foundation

As a special program of The Cancer Center for Detection and Prevention, the Breast Cancer Relief Foundation supports mammogram access, patient relief including direct support domestically and cancer and mental health resources internationally and research to save and improve lives

SEE ATTACHMENT 1

**4b** (Code ) (Expenses \$ 34501102. including grants of \$ 34335785. ) (Revenue \$ )

Providing essential and cancer medicines in impoverished countries

SEE ATTACHMENT 1

**4c** (Code ) (Expenses \$ 1680275. including grants of \$ ) (Revenue \$ )

Providing information, resources, and awareness about cancer and its early detection and prevention

SEE ATTACHMENT 1

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ )(Revenue \$ )

**4e** Total program service expenses \$ 48826007. (Must equal Part IX, Line 25, column (B) )

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

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**Part IV Checklist of Required Schedules** (Continued)

- 28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee
- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
  - b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
  - c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- 34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
<b>28a</b>		X
<b>28b</b>		X
<b>28c</b>		X
<b>29</b>	X	
<b>30</b>		X
<b>31</b>		X
<b>32</b>		X
<b>33</b>		X
<b>34</b>		X
<b>35</b>		X
<b>36</b>		X
<b>37</b>		X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	<b>1a</b> 3	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 5	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and Section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	X
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distribution under section 4966?	<b>9a</b>	X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	X
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from members or shareholders.	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	

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**Part VI Governance, Management, and Disclosure**

(Sections A, B, and C request information about policies not

required by the Internal Revenue Code)

**Section A. Governing Body and Management**

Yes No

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body

1a 4

b Enter the number of voting members that are independent

1b 4

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3 X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4 X

5 Did the organization become aware during the year of a material diversion of the organization's assets?

5 X

6 Does the organization have members or stockholders?

6 X

7a Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body?

7a X

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following?

a The governing body?

8a X

b Each committee with authority to act on behalf of the governing body?

8b X

9a Does the organization have local chapters, branches, or affiliates?

9a X

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10 X

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

11 X

**Section B. Policies**

Yes No

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

12a X

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b X

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c X

13 Does the organization have a written whistleblower policy?

13 X

14 Does the organization have a written document retention and destruction policy?

14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official?

15a X

b Other officers or key employees of the organization?

15b X

Describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a X

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

**Section C. Disclosure**

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Cancer Center 615Baronne New Orlean LA 70113 504-529-3258



[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)					(B)	(C)
Name and business address					Description of services	Compensation
Community	312 E Wisc	53202-	WI	Milwaukee	Telemarketing	11050560.
Organizati	5311 Lk Wo	33243-	FL	Miami	Telemarketing	943795.
Vertis Com	4371 Count	18914-	PA	Chalfont	Mailing Expenses	408780.
Southwest	2600 NW To	66615-	KS	Topeka	Mail Expenses	281150.
BEE LC	6849 Old D	22102-	VA	Mc Lean	Telemarketing	170055.

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	10
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**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 61615675.				
	<b>g</b> Noncash contributions included in lines 1a-1f	\$ 46289008.				
	<b>h</b> Total. Add lines 1a-1f		61615675.			
Program Service Revenue	Business Code					
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2568.			2568.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties		82509.			82509.
	<b>6a</b> Gross Rents	(i) Real (ii) Personal				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d						
<b>12</b> Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		61700752.			85077.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C) and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	428000.	428000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	46289008.	46289008.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	279788.	207279.	50244.	22265.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11798.	3698.	6600.	1500.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	23323.	17086.	4312.	1925.
11 Fees for services (non-employees)				
a Management	2224921.	1401452.	736891.	86578.
b Legal	6259.		6259.	
c Accounting	57463.		57463.	
d Lobbying				
e Professional fundraising services See Part IV, line 17	10481321.			10481321.
f Investment management fees				
g Other	25785.	10800.	14985.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	13132.	9620.	2428.	1084.
17 Travel	60159.	14907.	32070.	13182.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29432.	7358.	14719.	7355.
20 Interest	6261.		6261.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4399.		4399.	
23 Insurance	9636.	7059.	1782.	795.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SEE STMT	32758.			
b	6500.			
c	9393.			
d	41698.			
e	107567.			
f All other expenses	1035532.			
25 Total functional expenses. Add lines 1 through 24f	61184133.	48826007.	1144212.	11213914.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the org reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	13695042.	1628171.	903050.	11163821.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	381138.	1	465023.
	2 Savings and temporary cash investments		2	267693.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	22446.	4	30615.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1144800.	8	1266600.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost basis	10a 26317.		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b 10486.	7885.	10c 15831.
	11 Investments - publicly traded securities	128821.	11	127570.
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	1685090.	16	2173332.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	85246.	17	56869.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25.	85246.	26	56869.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1599844.	27	2116463.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances.</b>	1599844.	33	2116463.
	34 <b>Total liabilities and net assets/fund balances.</b>	1685090.	34	2173332.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X	
b	Were the organization's financial statements audited by an independent accountant?	2b X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

**Name of the organization**

Cancer Center for Detection and

**Employer identification number**

94-3065923

**Part I Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)** (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete the Support Schedule in Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)** (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	

**Total**

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2545518.	57980852	04716893	88978816	18692752	9582448.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5	2545518.	57980852	04716893	88978816	18692752	9582448.
<b>7 a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	1298893.	2790135.	2352735.	57072713	36379034	5786937.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b	1298893.	2790135.	2352735.	57072713	36379034	5786937.
<b>8 Public support.</b> (Subtract line 7c from line 6)						83795511.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	2545518.	57980852	04716893	88978816	18692752	9582448.
<b>10 a</b> Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar sources	53233.	68132.	71557.	24252.	85077.	302251.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	53233.	68132.	71557.	24252.	85077.	302251.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11 and 12)						129884699.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	64.52 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	44.15 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.23 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0.13 %

**19 a 33 1/3 % support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

**b 33 1/3 % support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**Open to Public  
Inspection**Name of the organization**

Cancer Center for Detection and

**Employer identification number**

94-3065923

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

(continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.**

Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.**

Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment  $\blacktriangleright$  0.00 %  
 b Permanent endowment  $\blacktriangleright$  0.00 %  
 c Term endowment  $\blacktriangleright$  0.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments-Land, Buildings, and Equipment.**

See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	26,317.	26,317.	10,486.	15,831.
e Other				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				15,831.

Schedule D (Form 990) 2008

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	61,700,752.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61,184,133.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	516,619.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	516,619.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b



Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

**▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.**

OMB No 1545-0047

2008

**Open to Public Inspection**

Name of the organization

Employer identification number

Cancer Center for Detection and

94-3065923

## Part I

**General Information on Activities Outside the United States.**

Complete if the organization

answered "Yes" to Form 990, Part IV, line 14b

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 **Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America			Pharma Grant	Med Relief	22,278,976.
Central America			Pharma Grant	Med Relief	12,002,747.
E Asia&Pacific			Pharma Grant	Med Relief	12,167,548.
E Asia&Pacific			Pharma Grant	Med Relief	81,184.
<b>Totals</b>					46,530,455.

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule F (Form 990) 2008

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Central Ame	Relief			10,588,582.	Pharma	PG 4
			Central Ame	Relief			243,600.	Pharma	PG 4
			Central Ame	Relief			4,535,042.	Pharma	PG 4
			Central Ame	Relief			4,304,560.	Pharma	PG 4
			Central Ame	Relief			528,104.	Pharma	PG 4
			Central Ame	Relief			943,942.	Pharma	PG 4
			Central Ame	Relief			2,536,627.	Pharma	PG 4
			Central Ame	Relief			10,171,541.	Pharma	PG 4
			S Pacific	Relief			11,423,720.	Pharma	PG 4
			S Pacific	Relief			1,266,890.	Pharma	PG 4

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part IV Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information

Fair market value using average wholesale prices from publicly  
available third party published sources

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Open to Public Inspection**

**Employer identification number**  
94-3065923

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3	List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing
	AL AK AR AZ CA CO CT FL GA IL KS KY LA MA MD ME MI MN
	MS MO NH NJ NM NY ND NC OH OH OR PA RI SC TN UT VA WI
	WA WV

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**▶ Complete if the organization answered "Yes," of Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

Cancer Center for Detection and

Employer identification number  
94-3065923**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?☒ Yes ☐ No**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"****on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed** ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U of Illinois Foun							
1305 W 61801- IL U	37-6006007	509 a 1	10,000.		Cash		Patient Sv
U of AR Rockefelle							
1 Winr 72110- AR M	20-2156951	509 a 3	10,000.		Cash		Mammograms
Health Care Fd N M							
830 S 38801- MS T	64-0914704	509 a 1	10,000.		Cash		Screenings
U of TX MD Anderso							
7505 S 77030- TX H	76-0300816	509 a 3	10,000.		Cash		Clinic
Moffitt Cancer Fou							
12902 33612- FL T	59-3238636	509 a 2	10,000.		Cash		Mammograms
Oregon Health Scie							
1121 S 97205- OR P	23-7083114	509 a 1	10,000.		Cash		Mammograms
Auroa Sinai Med Ce							
3031 W 53234- WI M	39-1597102	509 a 1	10,000.		Cash		Screenings
Kimmel Cancer Cent							
10905 92121- CA S	33-0418739	509 a 1	10,000.		Cash		Mammogram
Fox Chase Cancer C							
333 Co 19111- PA P	23-2003072	509 a 1	10,000.		Cash		Mammograms
UPMC							
600 Gr 15219- PA P	23-2919472	509 a 1	10,000.		Cash		Mammograms
Nevada Cancer Inst							
One Br 89135- NV L	04-3632553	509 a 1	10,000.		Cash		Mammograms
U of Texas MD Ande							
Box 44 77210- TX H	76-0300816	509 a 3	10,000.		Cash		Dig Mamogr

**2** Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

28

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) 2008**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

▶ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

Cancer Center for Detection and

Employer identification number

94-3065923

<b>Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.</b>		(Schedule I (Form 990), Part II)		(g) Description of non-cash assistance		(h) Purpose of grant or assistance	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Dist Health Un							
Box 1268 58702- ND Mino		170 c 1	10,000.		Cash		Mammograms
Dana Farber Cancer I							
44 Bommeu 02115- MA Bost	04-2263040	509 a 1	15,000.		Cash		Mammograms
U of Pittsburg							
600 Grant 15219- PA Pitt	23-2919472	509 a 1	20,000.		Cash		Mammograms
Duke Medical Center							
615 Dougla 27705- NC Durh	56-2070036	509 a 1	15,000.		Cash		Patient Na
Mary B Perkins Cance							
4950 Essen 70809- LA Bato	20-2046461	509 a 3	10,000.		Cash		Mammograms
Yale-New Haven Medic							
20 York St 06519- CT New	23-7440891	509 a 3	10,000.		Cash		Mammograms
Barnes Jewish Hospit							
1001 Highl 63110- MO Sain	43-1648435	509 a 1	15,000.		Cash		Mammograms
Fred Hutchinson Canc							
1100 Fairv 98109- WA Seat	23-7156071	509 a 1	10,000.		Cash		Mammograms
Baptist Mem for Wome							
350 N Hump 38120- TN Memp	62-1854358	509 a 1	10,000.		Cash		Mammograms
UT Southwest							
5323 Harry 75390- TX Dall	75-2556007	509 a 3	10,000.		Cash		Mammograms
Cancer Inst of NJ							
120 Albany 08901- NJ New	20-2959012	509 a 1	3,000.		Cash		Screening
Rex Health Care Foun							
2500 Blue 27607- NC Rale	56-6052117	509 a 3	10,000.		Cash		Mammograms
Barbara A Karmanos							
4100 John 48201- MI Detri	38-1613280	509 a 1	10,000.		Cash		Screening
Santa Monica UCLA							
10833 Le C 90095- CA Los	95-3701225	509 a 3	10,000.		Cash		Cancer Awa
Vida Y Salud Health							
308 S Cesa 78839- TX Cry	74-1715419	509 a 1	10,000.		Cash		Mammograms

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

28

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990)2008

## 2008

**Open to Public Inspection**

**Employer Identification**  
94-3065923

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2	Enter total number of Section 501(c)(3) and government organizations	▲	28
3	Enter total number of other organizations	▲	

Schedule I-1 (Form 990)2008

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization

Cancer Center for Detection and

Employer identification number

94-3065923

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	10	46,664,408.	AWP guide, Rd Bk
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a X

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a X

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

For Privacy Act and Paperwork Reduction Act Notice, see instructions for Form 990.

Schedule M (Form 990) 2008



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

Cancer Center for Detection and

Employer identification number

94-3065923

Page 6 Line 2 Annis Tarver a breast cancer suvivor and Elizabeth  
Landry, are mother / daughter

Page 6 Line 10 Upon final completion and review of the 990 by preparer  
a copy is submitted, electronically, to each board member and officer  
of CCDP and they are encouraged to ask any questions of the 990 before  
filing

Page 6 Line 12 Each officer and board memeber is given a  
list of all major donors, vendors and disqualified persons that the  
Organization has done business with or anticipates doing business with  
The Directors and Officers then disclose any relationships they may  
have with these vendors, donors, or disqualified persons

Page 6 Line 15 Appropriate compensation proposals are  
compared to other compensation paid to people in similar positions and  
organizations These comparisions are made using the following,  
990s, copmensation review guides, discussions with similar  
organizations and evaluations by outside professional advisors  
If the compensation proposal is determined to be reasonable and  
appropriate, it is sent to the full board of directors for approval

Name of the organization

Cancer Center for Detection and

Employer identification number

94-3065923

Page 6, Line 17 States requiring filling of 990

AL AK AR AZ CA CO CT FL GA IL KS LA MA MD ME MI MN MS MO NH NJ NM NY

ND NC OH OR PA RI CS TN UT VA WI WA WV

Page 6 Line 19 Governing documents, conflict of interest policy and  
financial statements are available upon request

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

**2008**Attachment  
Sequence No 67

Name(s) shown on return

Cancer Center for Detection and

Business or activity to which this form relates

Identifying number

94-3065923

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1
2	Total cost of section 179 property placed in service (see instructions)	2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7	Listed property Enter the amount from line 29	7
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13

Note: Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	4,399.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

4,399.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

US 990

Other Functional Expenses: Page 2, Line 43

2008

Description of the Asset	Total	Program Services	Management and General	Fundraising
Freight	32,758.	32,758.		
Medical Handling Fees	6,500.	6,500.		
Medical Admin	9,393.	9,393.		
Caging & Cashing	41,698.	12,092.	6,255.	23,351.
Data Processing	107,567.	30,748.	17,444.	59,375.
Mail House Fees	154,786.	44,888.	23,218.	86,680.
Mail List Rentals	125,438.	36,377.	18,816.	70,245.
Printing	199,835.	63,685.	30,427.	105,723.
Postage	449,318.	130,302.	67,398.	251,618.
Repairs	1,461.		1,461.	
Continuing Education	1,099.		1,099.	
Telephone	7,711.	5,649.	1,426.	636.
Office Supplies	4,820.	2,491.	2,048.	281.
Bank Charges	11,942.		11,942.	
Auto Expense	2,209.		2,209.	
Registrations	11,447.		11,447.	
Credit Card Discounts	3,058.		3,058.	
Website and Online	60,887.	54,857.	6,030.	
Publications	270.		270.	
Loss on Investments	1,251.		1,251.	
	1,233,448.	429,740.	205,799.	597,909.

**Cancer Center for Detection and Prevention and Detection, Inc.**

**EIN 94-306923**

**Form 990**

**Part III, Statement of Program Service Accomplishments**

**Attachment 1**

**What is the organizations primary exempt purpose? To support and provide cancer focused education, prevention and relief**

**a.) Breast Cancer Relief Foundation**

As a special program of The Cancer Center for Detection and Prevention, the *Breast Cancer Relief Foundation* supports educational, prevention, medical assistance and relief, and innovative research programs in order to reduce the incidence of breast cancer that affect women throughout the world. *Breast Cancer Relief Foundation* is also committed to directly assisting patients, survivors, and their families in coping with the personal devastation caused by breast cancer.

*Breast Cancer Relief Foundation* is committed to educating individuals on breast cancer and its early detection. Access to good information is often the key to properly administering breast self-exams and knowing the warning signs of early stage breast cancer. CCDP has established a website that also serves as an educational resource at: <http://www.breastcancerrelief.org>

Our Mammogram Access Program seeks to help women gain access to mammography diagnostic testing. Every American woman should have access to a mammogram and we are supporting leading initiatives across the United States to help provide this needed tool. BCRF has collaborated with programs at many institutes throughout the United States. The *Breast Cancer Relief Foundation* supports poor patients in developing world countries that require chemotherapies for their survival. Through our ARP medical assistance program we have made medicines available to women and their children in Latin America with cancer. We seek to expand this program to additional countries in the developing world in order to help women receive the cancer medicines that they require to fight and win their battle with cancer. BCRF has recently added the Philippines to the list of countries in which it conducts projects and provides relief. BCRF is committed to the total peace of mind of the patients we assist through access to high quality mental health resources and therapies to address their needs. We are seeking to provide more early detection capabilities to the developing world by providing mammography units to diagnostic clinics that reach underserved and or rural patients.

CCDP and the *Breast Cancer Relief Foundation* have a history of supporting research. With our support, many prominent investigators at some of the leading cancer institutes across the United States have made advances in cancer research. Investigators at NCI designated Comprehensive Cancer Centers (CCCs) like at Tulane Cancer Center in New Orleans, MD Anderson Cancer Center in Houston, and many other cancer institutes have benefited from our support over the years. CCDP and the *Breast Cancer Relief Foundation* will seek to continue to support innovative cancer research in the United States in order to find the cure for cancer.

**Cancer Center for Detection and Prevention and Detection, Inc.**

**EIN 94-306923**

**Form 990**

**Part III, Statement of Program Service Accomplishments**

**Attachment 1 (cont.)**

**b.) Providing Medical Assistance to Impoverished Countries**

The Cancer Center for Detection and Prevention (CCDP) provides medical assistance to poor patients in Latin America through its *Americas Relief Program (ARP)*. We work with a number of overseas hospitals and governments in the developing world, with the goal to provide valuable medical goods so that poor patients do not have to go without the medicines that they require. We help very sick patients with cancer and other diseases with medicines that are often necessary to sustain life.

Through our overseas programs, we are helping many women in the developing world who suffer with breast cancer, as well as children that have leukemia and other diseases. Our programs are focused in some of the poorest countries of Latin America, in places like: Nicaragua, Honduras, Guatemala, El Salvador, Paraguay, the Dominican Republic, and the Amazon region of Peru. We are now also reaching underserved patients in the Philippines. We often work with corporate and non-profit partners, both domestically and overseas, in order to best secure and distribution the millions of dollars of medical goods that are secured and distributed.

CCDP's overseas programs have helped thousands of poor individuals in Latin America to get the medicines that they so desperately require. Our goal is to make this program sustainable and have a lasting effect on the region's poor who disparately need our help.

**c.) Providing information, resources, and awareness about cancer and its early detection and prevention**

CCDP is committed to providing accurate and informative educational resources to those that seek a better understanding of cancer and its causes, symptoms, early detection, and treatment. We believe that individuals can empower themselves through knowledge to reduce their chances of getting cancer by learning more about avoiding specific risks.

For this reason, we make available our educational resources to millions of American homes. With knowledge and action, we can beat cancer together. CCDP also makes available more in-depth resources for individuals in their battle against cancer. CCDP Publications and resources are available only on an individual basis and quantities are limited.

The website for our project, [www.breastcancerrelief.org](http://www.breastcancerrelief.org), has useful information and describes publications and resources that are available to the public upon request.

Individual Americans are now taking seriously the need for early detection and treatment of cancer and as a result survival rates are increasing. CCDP is determined to keep the public informed on detecting their cancer, as it could save their lives.

**The Cancer Center for Detection and Prevention, Inc.**  
**Depreciation Report**  
**For the Fiscal Year 10/01/2008 - 9/30/2009**

**Page 4, Line 57 a,b,c**

				09/30/08		09/30/09
				ACCUMULATED	CURRENT	ACCUMULATED
				DEPRECIATION	DEPRECIATION	DEPRECIATION
			BASIS			
10/31/03 Desk Set	SL	7	2,783.00	2,287.00	199.00	2,486.00
1/13/04 Leasehold Improve	SL	5	2,174.00	1,887.80	434.80	2,322.60
8/27/07 Video Equipment	SL	3	1,230.14	615.07	410.05	1,025.12
12/17/07 Computer	SL	3	4,529.72	754.95	754.95	1,509.91
7/2/08 Office Printer	SL	3	774.24	129.04	129.04	258.08
9/30/08 Wireless Card	SL	3	480.30	80.05	80.05	160.10
8/25/08 Computer	SL	3	2,002.15	333.69	333.69	667.38
12/23/08 Graphic Computer & SW	SL	3	6,689.58	0.00	1,114.93	1,114.93
8/25/08 Camera Equip	SL	3	2,858.85	0.00	476.48	476.48
8/25/08 Software	SL	3	2,794.58	0.00	465.76	465.76
				<u>26,316.56</u>	<u>6,087.61</u>	<u>10,486.36</u>

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time.**

Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <u>Cancer Center for Detection and</u>	Employer identification number <u>94-3065923</u>
	Number, street, and room or suite no. If a P.O. box, see instructions <u>615 Baronne St Suite 301</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>New Orleans LA 70113</u>	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Cancer Center for D and P  
Telephone No ▶ 504-529-3258 FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year 20\_\_\_\_ or

▶ ☒ tax year beginning Oct 01, 20 08, and ending Sep 30, 20 09

**2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)